

1.) CORPORATION NAME:

**American Conservative Party, Inc.**

DUE DATE: **8/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**WILLIAM D PORTER**

**1900 CAMPUS COMMONS DR STE 100**

**RESTON, VA 20191**

SCC ID NO: **07267073**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1900 CAMPUS COMMONS DR  
SUITE 100

CITY/ST/ZIP: RESTON, VA 20191-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ALFRED SANDERS  
TITLE: Finance Chair  
ADDRESS: 11551 W CYPRESS  
CITY/ST/ZIP/CO: CARBONDALE, IL 62901-

☐ OFFICER ☒ DIRECTOR

NAME: KENNETH MCCLINTON  
TITLE: TREASURER  
ADDRESS: 1307 44TH PL, SE  
CITY/ST/ZIP/CO: WASHINGTON, DC 20019-

☒ OFFICER ☒ DIRECTOR

NAME: WILLIAM D PORTER  
TITLE: CHAIRMAN  
ADDRESS: 108 PADDINGTON WAY NE  
CITY/ST/ZIP/CO: LEESBURG, VA 20176-

☒ OFFICER ☒ DIRECTOR

NAME: TIMOTHY J MILLER  
TITLE: PRESIDENT  
ADDRESS: 945 RANCH LANE  
CITY/ST/ZIP/CO: KALISPELL, MT 59901-

☒ OFFICER ☒ DIRECTOR

NAME: LEE ANDERSON  
TITLE: Nomin. Chair  
ADDRESS: 301 MORNING GLORY LN  
CITY/ST/ZIP/CO: ST. JOHNS, FL 32259-

☐ OFFICER ☒ DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID TERRY Member. Chair 5229 SEGARI WAY WINDERMERE, FL 34786-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD SPEARS DIRECTOR 103 S. CLOUDVIEW RD. ROME, GA 30161-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASON HALE DIRECTOR 10 GETTYSBURG DR. NASHUA, NH 03064-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEREMY SCHWANBECK DIRECTOR 124 MADISON PL ADAIRSVILLE, GA 30103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RAYMOND SPITZER DIRECTOR 11228 NORTH 58TH AVE PHOENIX, AZ 85304-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TRACY COYLE Rules Chair 13409 MIDLAND RD. #1 POWAY, CA 92064-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM HINMAN DIRECTOR P.O. BOX 1186 HAYFORK, CA 96041-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DARRIN DICKEY DIRECTOR 551 SHARONDALE DR MURFREESBORO, TN 37129-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH E. KOEDER, JR DIRECTOR 780 BATEMAN RD. LOUISVILLE, MS 39339-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ WILLIAM D PORTER		WILLIAM D PORTER, CHAIRMAN	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			